

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Grimsley offered the following:

2  
3 **Amendment (with title amendment)**

4 Remove lines 379-384 and insert:

5 (9) (a) The agency, in consultation with the Agency for  
6 Health Care Administration, shall establish an individual  
7 budget, referred to as an iBudget, demonstration project for  
8 each individual served through the Medicaid waiver program in  
9 Escambia, Okaloosa, Santa Rosa, and Walton Counties, which  
10 comprise area one of the agency. For the purpose of this  
11 subsection, the Medicaid waiver program includes the four-tiered  
12 waiver system established in subsection (3) or the Consumer  
13 Directed Care Plus Medicaid waiver program. The funds  
14 appropriated to the agency and used for Medicaid waiver program  
15 services to individuals in the demonstration project area shall  
16 be allocated through the iBudget system to eligible, Medicaid-  
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17 enrolled clients. The iBudget system shall be designed to  
18 provide for enhanced client choice within a specified service  
19 package, appropriate assessment strategies, an efficient  
20 consumer budgeting and billing process that includes  
21 reconciliation and monitoring components, a redefined role for  
22 support coordinators that avoids potential conflicts of  
23 interest, a flexible and streamlined service review process, and  
24 a methodology and process that ensure the equitable allocation  
25 of available funds to each client based on the client's level of  
26 need, as determined by the variables in the allocation  
27 algorithm.

28 1. In developing each client's iBudget, the agency shall  
29 use an allocation algorithm and methodology. The algorithm shall  
30 use variables that have been determined by the agency to have a  
31 statistically validated relationship to the client's level of  
32 need for services provided through the Medicaid waiver program.  
33 The algorithm and methodology may consider individual  
34 characteristics, including, but not limited to, a client's age  
35 and living situation, information from a formal assessment  
36 instrument that the agency determines is valid and reliable, and  
37 information from other assessment processes.

38 2. The allocation methodology shall provide the algorithm  
39 that determines the amount of funds allocated to a client's  
40 iBudget. The agency may approve an increase in the amount of  
41 funds allocated, as determined by the algorithm, based on the  
42 client's having one or more of the following needs that cannot  
43 be accommodated within the funding as determined by the

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44 algorithm and having no other resources, supports, or services  
45 available to meet those needs:

46 a. An extraordinary need that would place the health and  
47 safety of the client, the client's caregiver, or the public in  
48 immediate, serious jeopardy unless the increase is approved. An  
49 extraordinary need may include, but is not limited to:

50 (I) A documented history of significant, potentially life-  
51 threatening behaviors, such as recent attempts at suicide,  
52 arson, nonconsensual sexual behavior, or self-injurious behavior  
53 requiring medical attention;

54 (II) A complex medical condition that requires active  
55 intervention by a licensed nurse on an ongoing basis that cannot  
56 be taught or delegated to a nonlicensed person;

57 (III) A chronic co-morbid condition. As used in this sub-  
58 sub-subparagraph, the term "co-morbid condition" means a medical  
59 condition existing simultaneously with but independently of  
60 another medical condition in a patient; or

61 (IV) A need for total physical assistance with activities  
62 such as eating, bathing, toileting, grooming, and personal  
63 hygiene.

64  
65 However, the presence of an extraordinary need alone does not  
66 warrant an increase in the amount of funds allocated to a  
67 client's iBudget as determined by the algorithm.

68 b. A significant need for one-time or temporary support or  
69 services that, if not provided, would place the health and  
70 safety of the client, the client's caregiver, or the public in  
71 serious jeopardy unless the increase is approved. A significant

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72 need may include, but is not limited to, the provision of  
73 environmental modifications, durable medical equipment, services  
74 to address the temporary loss of support from a caregiver, or  
75 special services or treatment for a serious temporary condition  
76 when the service or treatment is expected to ameliorate the  
77 underlying condition. As used in this sub-subparagraph, the term  
78 "temporary" means lasting for a period of less than 12  
79 consecutive months. However, the presence of such significant  
80 need for one-time or temporary support or services alone does  
81 not warrant an increase in the amount of funds allocated to a  
82 client's iBudget as determined by the algorithm.

83 c. A significant increase in the need for services after  
84 the beginning of the service plan year that would place the  
85 health and safety of the client, the client's caregiver, or the  
86 public in serious jeopardy because of substantial changes in the  
87 client's circumstances, including, but not limited to, permanent  
88 or long-term loss or incapacity of a caregiver, loss of services  
89 authorized under the state Medicaid plan due to a change in age,  
90 or a significant change in medical or functional status that  
91 requires the provision of additional services on a permanent or  
92 long-term basis that cannot be accommodated within the client's  
93 current iBudget. As used in this sub-subparagraph, the term  
94 "long-term" means lasting for a period of more than 12  
95 continuous months. However, such significant increase in need  
96 for services of a permanent or long-term nature alone does not  
97 warrant an increase in the amount of funds allocated to a  
98 client's iBudget as determined by the algorithm.  
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100 The agency shall reserve portions of the appropriation for the  
101 home and community-based services Medicaid waiver program for  
102 adjustments required pursuant to this subparagraph and may use  
103 the services of an independent actuary in determining the amount  
104 of the portions to be reserved.

105 3. A client's iBudget shall be the total of the amount  
106 determined by the algorithm and any additional funding provided  
107 under subparagraph 2. A client's annual expenditures for  
108 Medicaid waiver services may not exceed the limits of his or her  
109 iBudget.

110 (b) The Agency for Health Care Administration, in  
111 consultation with the agency, shall seek federal approval for  
112 the iBudget demonstration project and amend current waivers,  
113 request a new waiver if appropriate, and amend contracts as  
114 necessary to implement the iBudget system to serve eligible,  
115 enrolled clients in the demonstration project area through the  
116 Medicaid waiver program.

117 (c) The agency shall transition all eligible, enrolled  
118 clients in the demonstration project area to the iBudget system.  
119 The agency may gradually phase in the iBudget system with full  
120 implementation by January 1, 2013.

121 1. The agency shall design the phase-in process to ensure  
122 that a client does not experience more than one-half of any  
123 expected overall increase or decrease to his or her existing  
124 annualized cost plan during the first year that the client is  
125 provided an iBudget due solely to the transition to the iBudget  
126 system. However, all iBudgets in the demonstration project area  
127 must be fully phased in by January 1, 2013.

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128 (d) A client must use all available services authorized  
129 under the state Medicaid plan, school-based services, private  
130 insurance and other benefits, and any other resources that may  
131 be available to the client before using funds from his or her  
132 iBudget to pay for support and services.

133 (e) The service limitations in subparagraphs (3)(f)1., 2.,  
134 and 3. shall not apply to the iBudget system.

135 (f) Rates for any or all services established under rules  
136 of the agency shall be designated as the maximum rather than a  
137 fixed amount for individuals who receive an iBudget, except for  
138 services specifically identified in those rules that the agency  
139 determines are not appropriate for negotiation, which may  
140 include, but are not limited to, residential habilitation  
141 services.

142 (g) The agency shall ensure that clients and caregivers in  
143 the demonstration project area have access to training and  
144 education to inform them about the iBudget system and enhance  
145 their ability for self-direction. Such training shall be offered  
146 in a variety of formats and, at a minimum, shall address the  
147 policies and processes of the iBudget system; the roles and  
148 responsibilities of consumers, caregivers, waiver support  
149 coordinators, providers, and the agency; information available  
150 to help the client make decisions regarding the iBudget system;  
151 and examples of support and resources available in the  
152 community.

153 (h)1. The agency, in consultation with the Agency for  
154 Health Care Administration, shall prepare a design plan for the  
155 purchase of an evaluation by an independent contractor. The

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156 design plan to evaluate the iBudget demonstration project shall  
157 be submitted to the President of the Senate and the Speaker of  
158 the House of Representatives for approval not later than  
159 December 31, 2010.

160 2. The agency shall prepare an evaluation that shall  
161 include, at a minimum, an analysis of cost savings, cost  
162 containment, and budget predictability. In addition, the  
163 evaluation shall review the demonstration with regard to  
164 consumer education, quality of care, affects on choice of and  
165 access to services, and satisfaction of demonstration project  
166 participants. The agency shall submit the evaluation report to  
167 the Governor, the President of the Senate, and the Speaker of  
168 the House of Representatives no later than December 31, 2013.

169 (i) The agency shall adopt rules specifying the allocation  
170 algorithm and methodology; criteria and processes for clients to  
171 access reserved funds for extraordinary needs, temporarily or  
172 permanently changed needs, and one-time needs; and processes and  
173 requirements for selection and review of services, development  
174 of support and cost plans, and management of the iBudget system  
175 as needed to administer this subsection.

176 (10) The agency shall develop a transition plan for  
177 recipients who are receiving services in one of the four waiver  
178 tiers at the time qualified plans are available in each  
179 recipient's region pursuant to s. 409.989(3) to enroll those  
180 recipients in qualified plans.

181 (11) This section expires October 1, 2015.  
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**T I T L E   A M E N D M E N T**

Between lines 4 and 5, insert:  
providing for an establishment of an iBudget demonstration  
project by the Agency for Persons with Disabilities, in  
consultation with the Agency for Health Care  
Administration, in specified counties; providing for  
allocation of funds; providing goals; providing for an  
allocation algorithm and methodology for development of a  
client's iBudget; providing for the seeking of federal  
approval and waivers; providing for a transition to full  
implementation; providing for inapplicability of certain  
service limitations; providing for setting rates; providing  
for client training and education; providing for  
evaluation; requiring a report; requiring rulemaking;